Financially Distressed Cities, Villages, and Townships Financial Status Report (FSR)

Completion is a condition of the grant.

SEE PAGE 2 FOR INSTRUCTIONS

PART 1: PROPOSA										
Grant Number	2. Proposal Title									
3. Grantee Name							4. Telepho	ne Num	ber	
5. Mailing Address				City			State		ZIP Code	
6. Period Start Date	7. Period End Date		8. Report Type Semiannua			age Completed 10. Es		timated Completion Date		
PART 2: FINANCIAI	REPORTING									
A. Budget Category	B. Amount Incurred to Date	l ⊢yner		D. Total P Expenditu Proje	ures for		roved Original or ended Budget		F. Difference Between Projection and Budge	
11. Unfunded Accrued Liability - Pension										
12. Unfunded Accrued Liability - OPEB										
13. Infrastructure - Repair										
14. Infrastructure - Replacement					1					
15. Equipment - Repair										
16. Equipment - Replacement										
17. Long-Term Liabilities										
18. Short-Term Liabilities										
19. Shared Services										
20. Service Upgrade										
21. Operational Effectiveness										
22. ADJUSTMENTS DUE TO OTHER FUNDING - Reimbursements by other funding sources or the use of cash on hand	()	()	()	()	()	
23. TOTAL AMOUNTS - Sum of amounts shown in the column										
PART 3: CERTIFICA	ATION									
I hereby certify that the in scope items as defined in in the Grant Agreement, a	the Grant Agreement fo	r the abov	e proposal, and	that all expen	ditures hav	/e been ma	ade during	the pro	oposal period as listed	
Printed Name of Grantee Chief Financial Officer							Title			
Signature of Grantee Chief Financial Officer							Date			

Instructions for Form 5198 Financially Distressed Cities, Villages, and Townships Financial Status Report (FSR)

The numbers listed below coincide with the numbers on the Financial Status Report. Lines not listed are explained on the form.

PART 1: PROPOSAL INFORMATION

- 1. **Grant Number:** Fill in the respective grant number that was assigned by the Michigan Department of Treasury.
- 2. Proposal Title: Short name that was used on the grant application to describe the proposal.
- 3. **Grantee Name:** The name of the Local Unit that has the authority and the responsibility for the administration of the proposal in accordance with the grant conditions. For example, "City of Blank" is acceptable.
- 4. Telephone Number: Phone number, including area code, of the Grantee.
- 5. Mailing Address: Street number and name, including suite number if applicable, of the Grantee.
- 6. **Period Start Date:** Indicate the semiannual period start date of this report. For the FINAL report, indicate the start date of the grant (i.e. 10/01/2014).
- 7. **Period End Date:** Indicate the semiannual period end date of this report. For the FINAL report, indicate the end date of the grant (i.e. actual proposal completion date).
- 8. Report Type: Check whether this is a semiannual or the final report.
- 9. Percentage Completed: Indicate the estimated percentage (%) completed of the proposal work plan.
- 10. **Estimated Completion Date:** Indicate the estimated proposal completion date. For the FINAL report, indicate the actual proposal completion date.

PART 2: FINANCIAL REPORTING

Lines 11-21: Enter eligible costs incurred to date for each budget category. Eligible costs entered for lines 11 through 21 should reflect the state match only.

Column A: These are the approved budget categories from the Grant Agreement.

Column B: Enter the cumulative allowable amount(s) incurred to date (from proposal inception).

Column C: Enter the projected amount(s) to be incurred in the future.

Column D: Sum of Column B and Column C.

Column E: Enter the approved budget for each category from the Grant Agreement or Amended Grant Agreement.

Column F: Subtract Column E from Column D.

Return this completed report within thirty (30) days after the end of the semiannual period (i.e. due by April 30; October 30). FINAL reports are due within thirty (30) days after the completion of the proposal.

Return this completed report via e-mail to TreasRevenueSharing@michigan.gov or by mail to:

Michigan Department of Treasury Office of Revenue and Tax Analysis PO Box 30722 Lansing MI 48909